

TENNESSEE DEPARTMENT OF EDUCATION - LICENSE APPLICATION

OFFICE OF TEACHER LICENSING 710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

PRINT CLEARLY

Last Name	First Name	Middle Name	Maiden Name if applicable		SSN (required)
Email Address	Telephone Number	Date of Birth (required)	Race *	Sex*	Reference# (if applicable)
Street/P.O. Box		City		State	Zip Code

*Optional-statistical information only

ARE YOU A VETERAN?

____ YES

____ YEARS SERVED

____ NO

If you checked YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com)

PLEASE READ CAREFULLY BEFORE SIGNING

Personal Affirmation: *Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license.*

Check the appropriate block for each question. **DO NOT** include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

- Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion?
____ YES ____ NO
- Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion?
____ YES ____ NO
- Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)?
____ YES ____ NO
- Is there any action pending against your certificate/license or application in another state?
____ YES ____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgement, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ Date _____

TRANSACTION (S) REQUESTED. (CHECK ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

TYPE OF TENNESSEE LICENSE

- ____ INITIAL TEACHING LICENSE-TN Institutions Only (Apprentice Teacher, Apprentice Special Group, and Beginning Administrator)
- ____ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA OR applying based upon reciprocity)
- ____ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- ____ ALTERNATIVE TYPE "A" LICENSE (Requires signature from Superintendent/Director of Schools)
- ____ ALTERNATIVE TYPE "C" LICENSE (Requires signature from Superintendent/Director of Schools and Dean of Education at teacher preparation institution)
- ____ ALTERNATIVE TYPE "E" LICENSE (Requires signature from Superintendent/Director of Schools)
- ____ INTERIM TYPE "B" LICENSE (Requires signature from Superintendent/Director of Schools, and verification from Dean of Education at teacher preparation institution)
- ____ INTERIM TYPE "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- ____ OCCUPATIONAL EDUCATION LICENSE
- ____ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- ____ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Superintendent/Director of Schools, nonrenewable)
- ____ JROTC LICENSE
- ____ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/ LANGUAGE TEACHER

ADVANCEMENT TO FULL LICENSE OR PROFESSIONAL LICENSE

- ____ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL LICENSE (Professional, Occupational, or School Service Personnel)
- ____ ADVANCEMENT FROM ALTERNATIVE TYPE "A" TO FULL LICENSE (Apprentice or Out of State)
- ____ ADVANCEMENT FROM INTERIM TYPE "B" TO FULL LICENSE (Apprentice or Out of State)
- ____ ADVANCEMENT FROM ALTERNATIVE TYPE "C" TO FULL LICENSE (Apprentice)
- ____ ADVANCEMENT FROM ALTERNATIVE TYPE "E" TO FULL LICENSE (Apprentice or Out of State)
- ____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL EDUCATION LICENSE TO PROFESSIONAL OCCUPATIONAL EDUCATION LICENSE
- ____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- ____ ADVANCEMENT FROM BEGINNING ADMINISTRATOR LICENSE TO PROFESSIONAL ADMINISTRATOR LICENSE

RENEWAL OR AMENDMENT TO EXISTING LICENSE

- ____ FOR RENEWAL OF LICENSE (Check one)
 - ____ 5 Year License(s) ____ 10 Year License(s) ____ 5 Year Occupational License ____ 10 Year Occupational License
 - ____ Alternative Type "A" ____ Alternative Type "C" ____ Alternative Type "E" ____ Interim Type "B" ____ Interim Type "D"
- ____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
 - ____ Master's Degree ____ Education Specialist
 - ____ Master's Degree +30 semester hours ____ Doctorate Degree
- ____ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- ____ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)
- ____ ADDRESS CHANGE NOTIFICATION
- ____ DUPLICATE LICENSE (Current valid Tennessee license only)

APPLICATION FOR ALTERNATIVE TYPE "E" LICENSE
APPLICANT NAME _____ **SOCIAL SECURITY NUMBER** _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

INITIAL ISSUANCE OF ALTERNATIVE TYPE "E" LICENSE

OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIVERSITIES ATTENDED MUST BE ATTACHED

TO BE COMPLETED BY SCHOOL SYSTEM SUPERINTENDENT/DIRECTOR

LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

Endorsement Title	Code	Endorsement Title	Code	Endorsement Title	Code

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:

Subject area to be taught _____

****Note: An applicant can only be assigned to teach in the area of endorsement reflected on the Alternative Type "E" License***

I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant.

School System

Signature of Superintendent/Director of Schools

Date

RENEWAL OF ALTERNATIVE TYPE "E" LICENSE

- ____ Official transcripts reflecting six semesters hours of credit in areas of deficiency (must be attached)
- ____ Program of Studies as defined and prepared by the Dean of Education at an approved Institution. (must be attached)
- OR**
- ____ Verification from Certification Officer that all professional education coursework has been completed and only lacks one additional year of experience on the Alternative Type "E" license.

TO BE COMPLETED BY SCHOOL SYSTEM SUPERINTENDENT/DIRECTOR

LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

Endorsement Title	Code	Endorsement Title	Code	Endorsement Title	Code

IT IS OUR INTENTION TO EMPLOY THE APPLICANT DURING THE YEAR 20____ - 20____ IN THE FOLLOWING AREA:

Subject area to be taught _____

****Note: An applicant can only be assigned to teach in the area of endorsement reflected on the Alternative Type "E" License***

I understand that if the applicant is hired, I am obligated to assign a mentor to the applicant and evaluate their performance for purposes of completing practical experience required for initial licensure.

School System

Signature of Superintendent/Director of Schools

Date

ADVANCEMENT TO APPRENTICE LEVEL LICENSE

- ____ Documentation signed by the college certification officer verifying completion of the professional education component of an approved teacher education program.
- ____ Verification of two years of successful teaching experience on the Alternative Type "E" License with a positive recommendation from the local school system. OR (one year on the Alternative Type "C" license)
- ____ Official transcripts from all colleges/universities attended. All transcripts that have not previously been submitted to the Office of Teacher Licensing must be included.
- ____ Passing scores on all appropriate Praxis Exams, including the PLT and all required specialty area tests
- ____ Designated Institution Score Report submitted by college/university, or _____ directly from ETS.